

379

Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS

PLACE OF DEATH
COUNTY Cochise

ORIGINAL CERTIFICATE OF DEATH, 371
TERRITORIAL INDEX NO. 81

DISTRICT _____

COUNTY REGISTERED NO. 34

TOWN _____

ST. LOCAL REGISTRAR'S NO. 21

OR CITY _____

NO. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Gustave Thibault

PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR or RACE White <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican <input type="checkbox"/>	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>	DATE OF DEATH <u>April</u> <u>11</u> 191 <u>1</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Oct</u> <u>12</u> <u>1880</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from _____ 191 to _____ 191; that I last saw h. alive on _____ 191 and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Accidental discharge</u> <u>of gun. Shot top of</u> <u>head off</u> (Duration) _____ yrs. _____ mos. _____ days	
AGE <u>30</u> <u>6</u> mos. _____ days _____ hrs., or _____ min. If less than 1 day, _____			Was disease contracted in Arizona? <u>NO</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Cook</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			If not, where? _____	
BIRTHPLACE (State or country) <u>Germany</u>			CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days	
PARENTS	NAME OF FATHER <u>Don't know</u>		(Signed) _____ M. D.	
	BIRTHPLACE OF FATHER (State or country) <u>Germany</u>		_____, 191 (Address) _____	
	MAIDEN NAME OF MOTHER <u>Don't know</u>		*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John H. Smith</u> (Address) <u>_____</u>				
PLACE OF BURIAL OR REMOVAL <u>Catholic Cemetery</u> <u>El Lagatoff</u>			DATE OF BURIAL OR REMOVAL <u>Apr 13</u> 19 <u>11</u>	
UNDERTAKER <u>E. Whipple</u>			ADDRESS <u>El Lagatoff</u>	
			Filed <u>Apr 18</u> 191 <u>1</u> <u>E. B. Miller</u> Local Registrar	
			Filed <u>Apr 20</u> 191 <u>1</u> <u>E. B. Miller</u> County Registrar	

Incorrect certificates will be returned for correction.